



Chain O' Lakes State Park

Night at the Nature Center

October 3/4, 2009

- Night hikes, sleeping with the animals, campfire stories, songs, s'mores & hot pretzels... What more could a kid ask for?
- Kids age 9-11 can join the naturalist for a 'Night at the Nature Center', October 3/4, 2009. See the following pages for the schedule of events and registrations form.
- Pre-registration/payment required. Call the park or email the naturalist for more information. Mail registration payment to:

Chain O' Lakes State Park:

2355 E 75 S, Albion IN 46701

For more information:

260-636-2654

chaininterp@dnr.in.gov

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6:45pm: Registration/Releases (first aid and media)/Medical Form/ Pick-up form
(if not previously turned in)

7pm: Welcome – Animals out, animal craft

7:30pm Hike

8:30pm: Campfire and Stories/Songs, Campfire Pretzels/S'mores

9:30pm: Firefly Flash

10pm: Night Hike

11:30pm: Goodnight time with the animals

11:45pm Lay out sleeping bags/pads

12am: Lights out

8am: Continental Breakfast

8am: Make Camp Shirt (t-shirt included in registration fee)

8:30-9am: Pick-up Time

Times and events subject to change. This event will be held rain or shine.

\$30/1st child

\$20/2nd child*

\$10/child thereafter*

Pre-registration required. Forms are available to download, or pick-up at the park office. Mail or drop them off with payment by September 15, 2009 to reserve a space for your child. You can email the forms as an attachment, but you will have to sign them when you drop off your child. Make checks payable to: Indiana Department of Natural Resources (IDNR). Credit cards also accepted. Include name on card, card number, expiration date, and signature of card holder.

Full refunds will be given up until September 23, 2009. Partial (50%) refunds from September 24 – 29, 2009. No refunds after September 29, 2009.

Information on what to bring will be sent to you after you have registered.

*same immediate family

Chain O' Lakes State Park Interpretive Services Youth Health and Family Information Permission Form

Please indicate any special health problems below. PLEASE LIST AN EMERGENCY TELEPHONE NUMBER SO WE CAN REACH YOU IF NECESSARY. If you have more than one child attending, please include a separate sheet of information for each child. THANKS!

CHILD'S NAME _____ BIRTH DATE ____/____/____

AGE _____ SHIRT SIZE _____

PARENT/GUARDIAN (S) NAME: _____

WORK PHONE _____ HOME PHONE _____ CELL PHONE _____

ADDRESS: _____

ADULTS AUTHORIZED TO PICK UP YOUR CHILD

ALLERGIES OR OTHER MEDICAL PROBLEMS OF WHICH WE SHOULD BE AWARE INCLUDING
FOOD ALLERGIES: _____

Anything else you would like us to know about your child _____

FAMILY PHYSICIAN _____ TELEPHONE NUMBER _____

EVENT RELEASE: My child, _____, has permission to participate in the activities offered by the interpretive staff of the Chain O' Lakes State Park State during the Chain O' Lakes S.P. Night Camp. I for my children, myself, my spouse and my heirs, do hereby release and hold harmless the Chain O' Lakes S. P., DNR, staff, sponsors, donors, and volunteers from any and all liability resulting from injuries or death or damage to property, whether caused by employees, volunteers, other participants or the child while participating in any activity.

Date _____ Parent/Guardian Signature _____

MEDIA RELEASE: Photos of participating children are taken during activities. These may be used in publications, including but not limited to: newspapers, and DNR promotional materials.

_____ (check) I give permission for my child's photo to be used for media publications.

_____ (check) I do not grant permission for my child's photo to be used for publication.

Date _____ Parent/Guardian Signature _____

Medical release form:

**Chain O' Lakes State Park Interpretive Services
Youth Health and Family Information Permission Form**

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the person in charge to secure emergency treatment for my child, _____.

Date_____ Parent/Guardian Signature_____